

Dear Team Captain:

Thank you for agreeing to help your co-workers and community become healthier. As team captain, you hold the responsibility of supporting your team members in their efforts to live a healthier lifestyle.

To assist you in your role as Team Captain, we have included some information that will be helpful to you. If you have additional questions, please contact Carol Huckelby at 606-678-4761 ext. 140.

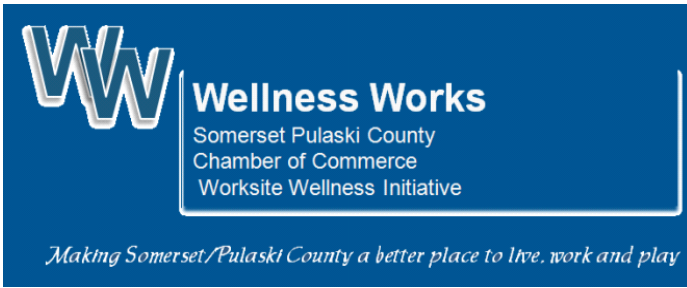
The Challenge Basics

- The Challenge will promote healthier lifestyle choices by encouraging the participants to boost their daily physical activity, to drink more water and to increase the amount of fruits and vegetables they eat. Each participant will receive a *welcome packet* upon entry into the program. The welcome packet will include healthy lifestyle information and weekly reporting worksheets.
- Individuals may register alone or with a team.
- Round One of the Challenge will begin **January 18, 2010** and end on **April 16, 2010**.
- The Chamber of Commerce will announce the winning team during their May meeting.
- Deadline to enter the Challenge is **January 15, 2010 at 4:30 p.m.**

The Team Paperwork

- Team Captains will recruit team members and collect registration forms and fees for the Challenge (The individual and team registration forms are included in this packet.)
- Individuals competing without a team will fill out the individual and team registration forms, leaving the business/organization name blank.
- Registration forms can be emailed to carola.huckelby@ky.gov, faxed to **606-678-2708**, or mailed to the SPC Chamber's office at **445 South Hwy 27 Ste. 101 Somerset, KY 42501**.
- There is a **\$10.00** per person registration fee; this fee will be used to purchase program materials, prizes and incentives. *The registration fee can be paid by your business/organization or by the individual.*
- Registration fees should be mailed by January 22, 2010 to the SPC Chamber's office at the address above.
- Please make checks payable to the SPC Chamber of Commerce.

- Team Captains will collect the participants' weekly logs and return both the individual and team reporting logs by noon every Tuesday. Please read the reporting log's instructions on how to complete and submit.
- Once the competition begins, the members of the team cannot be changed. Members not completing the weekly log will be given zero points for that week. Therefore, it is important to encourage all team members to stay the course.
- Weekly log sheets will be tallied and the challenge awards will be given based on the compiled team log sheets. Team Captains will be notified via email of their weekly standings.



Wellness Works Team Registration Form

Team Name: _____ Team Captain: _____

Number of members on team: _____

Company or Organization Your Team Represents (if individual or family leave team blank)

Mailing Address: _____

Phone: _____

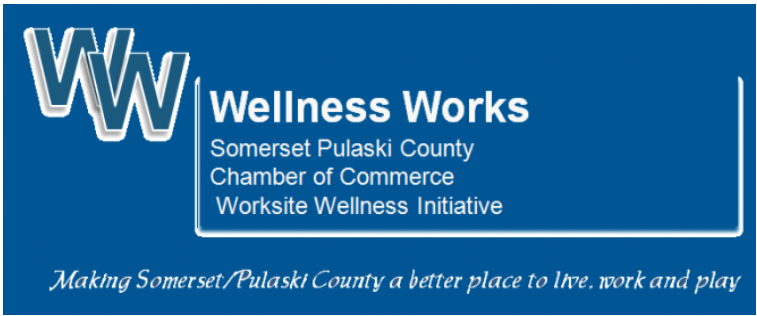
Team Captain's E-mail Address: _____

Team Members' Names:

Our organization recognizes the importance of a healthy workforce to both our business and our community. We fully support the Chamber's effort in establishing a healthier community through this program and will support the above-mentioned employees' efforts to make healthier lifestyle choices.

Business/Organization Leadership

Title



Individual Registration Form & Publicity Release

Team Name: _____ **Team Captain:** _____

Please turn registration forms into your Team Captain by _____.

Participant Name: _____

Mailing Address: _____

Phone: _____

E-mail Address: _____

Male/Female: _____

Height: _____

Current Weight: _____

Age: _____

Do you smoke? _____

By signing this, I am granting permission for the Team Captain to share my individual weekly log sheets with the Wellness Works organizing committee. The committee will use my individual log sheet to determine individual and team standings. The top twenty ranking individual and team standings will be posted weekly. I am granting permission to the organizing committee to publish my overall individual weekly points if I rank in the top twenty individual participants. I am also granting permission to the organizing committee to interview and/or photograph me, without compensation, for promotional and publicity activities.

Participant Signature

Date

Wellness Works

Statement of Challenge

Requirements and Limitations

Please read the following information and acknowledge your understanding by signing and dating this information sheet. Please return this along with your registration form and entry fee to your Team Captain upon enrolling in this program.

1. I understand this program is designed to help me learn more about how to manage my body weight. It does not endorse any particular diet or exercise plan.
2. I understand I should consult my physician before enrolling in this program.
3. I understand this program advises, if above the ideal body weight for my height, losing no more than 1% of my total body weight per week.
4. I understand if I have any questions or concerns about this program and my participation I can contact Carol Huckelby (Lake Cumberland District Health Department) at 606-678-4761 ext. 140 or carola.huckelby@ky.gov .

Signature

Date